

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/518820

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

IND. DEP.

AFTER
1ST AMENDMENT

IND. DEP.

AFTER
2ND AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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TOTAL IND. 2
TOTAL DEP. 12
TOTAL CLAIMS 14

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TOTAL IND.
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